

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s): Ritesh Saraf

Docket No.

03226.082001; P5751

Serial No.

09/822,166

Filing Date

March 30, 2001

Examiner

Matthew Dooley

Group Art Unit

2133

Invention:**SKEWED LATCH FLIP-FLOP WITH EMBEDDED SCAN FUNCTION**

I hereby certify that the following correspondence:

Response to Office Action along with the required papers*(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office To Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on March 23, 2004.

(Date)

Grace A. Wise*(Typed or Printed Name of Person Mailing Correspondence)*
*(Signature of Person Mailing Correspondence)*EV436026411US*("Express Mail" Mailing Label Number)*

EV436026411US

Note: Each paper must have its own certificate of mailing.

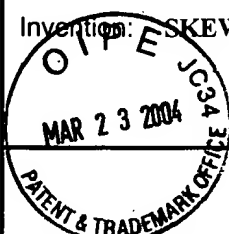

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 03226.082001; P5751	
Applicant(s): Ritesh Saraf					
Serial No. 09/822,166	Filing Date March 30, 2001	Examiner Matthew Dooley		Group Art Unit 2133	
Invention: SKewed Latch Flip-Flop with Embedded Scan Function					
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				MAR 25 2004 Technology Center 2100	
TO THE COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	15 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0591 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 #45,079 Signature		Dated: March 23, 2004			
Jonathan P. Osha, Reg. No. 33,986 Osha Novak & May L.L.P. 1221 McKinney Street, Suite 2800 Houston, Texas 77010 Telephone No. (713) 228-8600 Facsimile No. (713) 228-8778					
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto; text-align: center;"> Signature of Person Mailing Correspondence </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto; text-align: center;"> Typed or Printed Name of Person Mailing Correspondence </div>					
CC:					